

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

2600 VIRGINIA AVE NW

SUITE 200

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Redpath

Signature of Treasurer

Electronically Filed by William Redpath

Date

05

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	257807.24
(b) Cash on Hand at Beginning of Reporting Period .....	284882.95	
(c) Total Receipts (from Line 19) .....	104227.67	437918.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	389110.62	695725.92
7. Total Disbursements (from Line 31) .....	118333.87	424949.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	270776.75	270776.75
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	46662.57	168539.71
(ii) Unitemized .....	56449.60	266612.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	103112.17	435151.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	710.50	710.50
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	103822.67	435862.23
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	405.00	2056.45
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	104227.67	437918.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	104227.67	437918.68

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	118333.87	411899.17	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	118333.87	411899.17	
22. Transfers to Affiliated/Other Party Committees.....	0.00	12950.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➤	0.00	100.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	118333.87	424949.17	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118333.87	424949.17	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	103822.67	435862.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103822.67	435762.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	118333.87	411899.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	405.00	2056.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	117928.87	409842.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael L. Abrams

Mailing Address 2703 Westgate St

City

Houston

State

TX

Zip Code

77098-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Technology Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18991

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arnold Adicoff

Mailing Address 13952 Collier Rd

City

Grass Valley

State

CA

Zip Code

95945-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18843

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arnold Adicoff

Mailing Address 13952 Collier Rd

City

Grass Valley

State

CA

Zip Code

95945-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.18844

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Less Antman

Mailing Address 19 Gateview Dr

City

Fallbrook

State

CA

Zip Code

92028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.17050

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley, Jr.

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16747

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alvin C. Bailey

Mailing Address PO Box 611

City

Auburn

State

AL

Zip Code

36831-0611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.17052

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Chris Batchelor

Mailing Address 1276 Creek Bend Rd

City

Jacksonville

State

FL

Zip Code

32259-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&TOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.16521

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Alfred Beck

Mailing Address 766 Chestnut St

City

Kearny

State

NJ

Zip Code

07032-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: SA11AI.18621

Amount of Each Receipt this Period

201.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ricardo Ben-Safed

Mailing Address 118 S 21st St Apt 1420

City

Philadelphia

State

PA

Zip Code

19103-4428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Behavioral Heal-  
thOccupation  
Socialworker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	1	1

Transaction ID: SA11AI.16701

Amount of Each Receipt this Period

16.57

SUBTOTAL of Receipts This Page (optional) .....

267.57

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Robert Body

Mailing Address 420 4th St

City

Merritt Island

State

FL

Zip Code

32953-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: SA11AI.18623

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Zacharie Boutoille

Mailing Address Box 1791

City

Fort Polk

State

LA

Zip Code

71459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ArmyOccupation  
Field Artillery FDC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: SA11AI.19234

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank J. Bowman

Mailing Address PO Box 6324

City

Laguna Niguel

State

CA

Zip Code

92607-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.18392

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

5135.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Christopher Calvin

Mailing Address 5395 Napa St Apt 341

City

San Diego

State

CA

Zip Code

92110-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NavyOccupation  
Military

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.19353

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W. Carpenter

Mailing Address 302 Freeman St

City

Hot Springs

State

AR

Zip Code

71913-4841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.18685

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Tommy Jay Carter

Mailing Address 2344 Twin Fawns Trl

City

Signal Mountain

State

TN

Zip Code

37377-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Billing Associat-  
esOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: SA11AI.18186

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Ryan T. Cates

Mailing Address 750 W Camino Curvitas

City

Sahuarita

State

AZ

Zip Code

85629-8258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.17104

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Allen Cenkus

Mailing Address 6810 Chessley Chase Dr

City

Sugar Land

State

TX

Zip Code

77479-5951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dow Chemical

Occupation

Chemical engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.16791

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Chung K. Chang

Mailing Address 3614 Flora Vista Ave Apt 369

City

Santa Clara

State

CA

Zip Code

95051-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.17119

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Charles Collins

Mailing Address 505 Mallory Ct

City

El Paso

State

TX

Zip Code

79912-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIPG/Self

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.16843

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jeremy S. Davis

Mailing Address 7539 Brompton St

City

Houston

State

TX

Zip Code

77025-2267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3511.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.19014

Amount of Each Receipt this Period

2011.00

**C.**

Full Name (Last, First, Middle Initial)

Aaron DeCarlo

Mailing Address 9089 Saracen Dr

City

Pikesville

State

MD

Zip Code

21208-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States Air Force

Occupation

Active Duty Enlisted

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19277

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

2346.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

C. E. Dekko

Mailing Address 2706 Horseshoe Dr S

City

Naples

State

FL

Zip Code

34104-6142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: SA11AI.19024

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael De Mello

Mailing Address 20225 County Road 33

City

Groveland

State

FL

Zip Code

34736-9578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Financial Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.18888

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Dickson

Mailing Address 5670 Sunset Creek Ct

City

Pleasanton

State

CA

Zip Code

94566-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TECO PneumaticOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.19154

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

5450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Matthew P. Drew

Mailing Address 801 E Woodcroft Pkwy Apt 802

City

Durham

State

NC

Zip Code

27713-8268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Web Performance, Inc

Occupation  
test engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19424

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randy Eshelman

Mailing Address 8235 S 107th St

City

La Vista

State

NE

Zip Code

68128-5798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Overlook Systems Technolo-  
gies, Inc.

Occupation  
Satellite Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18269

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John P. Evans

Mailing Address PO Box 458

City

Indianola

State

WA

Zip Code

98342-0458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solutions, IQ

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.19054

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Randy Gann

Mailing Address 6335 S 72nd East Ave

City

Tulsa

State

OK

Zip Code

74133-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hewlett Packard

Occupation

Computer Programmer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16998

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

June R. Genis

Mailing Address 142 Rainbow Dr # 4275

City

Livingston

State

TX

Zip Code

77399-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.17066

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

John Graham

Mailing Address 21 Marcella St

City

Georgetown

State

DE

Zip Code

19947-9430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P.A.

Occupation

Glacial Assembler

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.18274

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional) .....

361.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Blair T. Harle

Mailing Address 735 Musago Run

City

Lake Mary

State

FL

Zip Code

32746-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RJ Reynolds Tobacco Compa-  
ny

Occupation

Senior Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.18769

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bert G. Hassler

Mailing Address 128 Elkins Ave

City

Arcadia

State

CA

Zip Code

91006-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.18586

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas F. Hastings

Mailing Address 10009 Vista Dr

City

Lenexa

State

KS

Zip Code

66220-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Veterinary Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18746

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85622-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18412

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brad W. Henry

Mailing Address 3606 41st Ave W

City

Seattle

State

WA

Zip Code

98199-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mindworks, Inc.

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18145

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Regan Philip Hess

Mailing Address 282382 Us Highway 101 Unit Main

City

Port Townsend

State

WA

Zip Code

98368-9396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18413

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Linda A. Hinkle

Mailing Address 17545 Chesbro Lake Dr

City

Morgan Hill

State

CA

Zip Code

95037-9104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.17121

Amount of Each Receipt this Period

303.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter C. Hjelmstad

Mailing Address 114 Rodgers Rd

City

Black River

State

NY

Zip Code

13612-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.19328

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela J. Hoiles

Mailing Address 25 Hillside Rd

City

Greenwich

State

CT

Zip Code

06830-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.17108

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

538.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Hotonian

Mailing Address 510 N Jackson St Apt 303

City

Glendale

State

CA

Zip Code

91206-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.17134

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ivan Howard

Mailing Address 1303 Cromwell Ct

City

Bel Air

State

MD

Zip Code

21014-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern States Cooperati-  
ve, Inc.

Occupation

Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.19061

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hubbard, Broadbent & Asso-  
ciates LTD.

Occupation

Radiological Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.17014

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Jacobs

Mailing Address 1607 Alan Ct

City

Naperville

State

IL

Zip Code

60564-9659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DePaul University

Occupation

Finance Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16768

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Deron Johnson

Mailing Address 1315 Burnett Dr

City

Aurora

State

IL

Zip Code

60502-7051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyatt Hotels Corporation

Occupation

Director, Financial Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.17018

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Brady Jones

Mailing Address 402 Massie St

City

Atlanta

State

TX

Zip Code

75551-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ward Timber Co., Inc.

Occupation

Forester

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19415

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional) .....

395.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory W. Kahn

Mailing Address 924 Governor Nicholls St

City

New Orleans

State

LA

Zip Code

70116-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Inn Keeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.18905

Amount of Each Receipt this Period

201.00

**B.**

Full Name (Last, First, Middle Initial)

Diane Kanwar

Mailing Address 416 San Lorenzo Ave

City

Felton

State

CA

Zip Code

95018-9243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.17106

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Leonard Karpinski

Mailing Address 2285 SW Creekside Ln

City

McMinnville

State

OR

Zip Code

97128-8948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nana Worley Parsons

Occupation

Elec/Instr Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18184

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

481.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

David Kaufman

Mailing Address 310 W Wayne Pl

City

Wheeling

State

IL

Zip Code

60090-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Simon & Associates,  
Inc

Occupation

Retirement Plan Administr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.17011

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daryl A. Kearns

Mailing Address 9251 Cumberland Rd SW

City

Bowerston

State

OH

Zip Code

44695-9640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.18497

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David Knight

Mailing Address 405 O St NW # 2

City

Washington

State

DC

Zip Code

20001-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Internal Revenue Service

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.17956

Amount of Each Receipt this Period

201.00

**SUBTOTAL** of Receipts This Page (optional) .....

726.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Christine Kocher

Mailing Address 4770 Saint Joseph Creek Rd Apt 311

City State Zip Code  
 Lisle IL 60532-1828

FEC ID number of contributing federal political committee.

C

Name of Employer  
StudentOccupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.19106

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Joshua Kubicki

Mailing Address 619 Gist Ave

City State Zip Code  
 Silver Spring MD 20910-5233

FEC ID number of contributing federal political committee.

C

Name of Employer  
Crivella WestOccupation  
Legal Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.16736

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jolie Marie LaChance

Mailing Address 5273 Manassas Ave

City State Zip Code  
 Las Vegas NV 89122-7009

FEC ID number of contributing federal political committee.

C

Name of Employer  
JT3Occupation  
Electronic Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.17997

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional) .....

183.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Ben Lake

Mailing Address 13336 Patito PI Apt 2

City

Dallas

State

TX

Zip Code

75240-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wieck Media

Occupation

Web Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19444

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mary E. Laurent

Mailing Address 616B Normal Park Dr

City

Huntsville

State

TX

Zip Code

77320-3759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.18651

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Laurent

Mailing Address 616B Normal Park Dr

City

Huntsville

State

TX

Zip Code

77320-3759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.18653

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Scott Lieberman

Mailing Address 15466 Los Gatos Blvd Ste 109-280

City

Los Gatos

State

CA

Zip Code

95032-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.19019

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Andra R. Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Home Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10132.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18817

Amount of Each Receipt this Period

2533.00

C.

Full Name (Last, First, Middle Initial)

Joe Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TrilogyOccupation  
Software

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19216

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

5333.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Patrick T. Madden

Mailing Address 1254 Wimbeldon Blvd

City

Columbus

State

OH

Zip Code

43228-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Digital Data Technologies  
Inc

Occupation

GIS Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.16775

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher R. Maden

Mailing Address 78 S School St

City

Portsmouth

State

NH

Zip Code

03801-5250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metaweb Technologies, Inc.

Occupation

Computer programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18129

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verizon Wireless

Occupation

Telecom Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19392

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Matthews, Jr.

Mailing Address 3326 Desert Inn Dr

City

Montgomery

State

TX

Zip Code

77356-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horn Murdock Cole

Occupation

CPA/Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.17009

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Michael McGuire

Mailing Address 8023 Wolff St Unit H

City

Westminster

State

CO

Zip Code

80031-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army

Occupation

Medic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.19327

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas R. McKissack

Mailing Address 7 Bitterroot Ln

City

Savannah

State

GA

Zip Code

31419-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gulfstream Aerospace

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.16967

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Guy C. McLendon

Mailing Address 192 N Cities Service Hwy Apt 9

City

Sulphur

State

LA

Zip Code

70663-5451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gitgo Petroleum Corp.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.16943

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Warren L. Miller

Mailing Address PO Box 98

City

Berlin

State

OH

Zip Code

44610-0098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Postal Service

Occupation  
Postal Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.19358

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Modzelewski

Mailing Address 1578 River Rd

City

New Hope

State

PA

Zip Code

18938-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Watermark Group

Occupation  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19188

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

1190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald G. Moore

Mailing Address 55 Broad St Lbby

City

New York

State

NY

Zip Code

10004-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marketing Technologies Gr-  
oup

Occupation

Computer Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18097

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Chuck Moulton

Mailing Address 4220 Hunt Club Cir Apt 811

City

Fairfax

State

VA

Zip Code

22033-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Villanova Law School

Occupation

Student

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19395

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Harry Mundy

Mailing Address 9174 Sunset Dr

City

Navarre

State

FL

Zip Code

32566-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M. Properties/ Investments

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.18080

Amount of Each Receipt this Period

201.00

**SUBTOTAL** of Receipts This Page (optional) .....

351.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael C. Neviasher

Mailing Address 4005 Clearwater Ln

City

Jacksonville

State

FL

Zip Code

32223-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.18910

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Sean T. O'Toole

Mailing Address 3425 Gladstone Blvd

City

Kansas City

State

MO

Zip Code

64123-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.17100

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Perry

Mailing Address 7314 Daisy St

City

Columbus

State

GA

Zip Code

31904-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus State Univ.

Occupation

System Support Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16697

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.18439

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Earl Prochaska

Mailing Address 10 Lauretta Dr

City

Highland

State

NY

Zip Code

12528-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID: SA11AI.18579

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Reed

Mailing Address 8564 Newport Dr

City

White Lake

State

MI

Zip Code

48386-3488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John Health systemOccupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: SA11AI.19078

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

760.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gil Robinson

Mailing Address 5150 Broadway St # 610

City

San Antonio

State

TX

Zip Code

78209-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.18944

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leslie Rose

Mailing Address 330 S Ocean Blvd Apt 3B

City

Palm Beach

State

FL

Zip Code

33480-4263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.18549

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan S. Ruch

Mailing Address 5 Cuesta Ln

City

Santa Fe

State

NM

Zip Code

87508-8331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Ranching, Real Estate Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19020

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Sauter

Mailing Address 20A Northwest Blvd Ste 345

City

Nashua

State

NH

Zip Code

03063-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
System Eyes Computer Store

Occupation  
Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.19144

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Diane Sawyer

Mailing Address 19 Gateview Dr

City

Fallbrook

State

CA

Zip Code

92028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.17086

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe Scarlett

Mailing Address 3 Strawberry HI

City

Nashville

State

TN

Zip Code

37215-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.18669

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10335.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Shuey

Mailing Address 4457 Young Dr

City

Carrollton

State

TX

Zip Code

75010-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.18446

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Shuford

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Old Point National BankOccupation  
Information Systems banki

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.18262

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S. Skinner

Mailing Address PO Box 7007

City

Northridge

State

CA

Zip Code

91327-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prism Management Company,  
Inc.Occupation  
Consulting Actuary/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.18321

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd E. Smith

Mailing Address 21 Franklin Ave

City

Oswego

State

NY

Zip Code

13126-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HYCO Tunnel & Sewer Co.

Occupation

Land Speculator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID: SA11AI.17019

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Spencer

Mailing Address 424 Whitridge Ave

City

Baltimore

State

MD

Zip Code

21218-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johns Hopkins University

Occupation

Programmer/Analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.17992

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Vern Rader Staats

Mailing Address 21 Van Buren St

City

Dayton

State

OH

Zip Code

45402-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright-Patterson AFB

Occupation

Computer Programmer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: SA11AI.19457

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

585.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Aaron Starr

Mailing Address 4048 Tucson St

City

Simi Valley

State

CA

Zip Code

93063-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haas Automation, Inc.

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16970

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Stecewicz

Mailing Address 2830 16th St NE Apt 86

City

Hickory

State

NC

Zip Code

28601-8609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Target

Occupation  
Distribution Operations Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.19147

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Steck

Mailing Address 9650 Mill Field Rd

City

Columbia

State

SC

Zip Code

29223-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpine Sales, Inc.

Occupation  
Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.16476

Amount of Each Receipt this Period

201.00

**SUBTOTAL** of Receipts This Page (optional) .....

1211.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alfonzie Stepney, III

Mailing Address 18100 Mammoth Cave Blvd

City

Pflugerville

State

TX

Zip Code

78660-5293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Commission on Envir-  
onmental Qual

Occupation

Air Permit Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.19164

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John D. Stratton

Mailing Address 707 Bashford Ln

City

Alexandria

State

VA

Zip Code

22314-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ticket To Ride

Occupation

Travel Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.19195

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Louis John Swallow, Jr.

Mailing Address 1901 N Culpeper St Apt 5

City

Arlington

State

VA

Zip Code

22207-2066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCC, INC.

Occupation

Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.18200

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randy Szabla

Mailing Address 32034 W 13 Mile Rd

City

Farmington Hills

State

MI

Zip Code

48334-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne State University

Occupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.19419

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John M. Taylor, MD

Mailing Address 145 Church St

City

Fair Haven

State

NJ

Zip Code

07704-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Samra Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19185

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles D. Test

Mailing Address 2710 2nd Ave S

City

Minneapolis

State

MN

Zip Code

55408-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19015

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Billy W. Tucker

Mailing Address 1405 S Mesa Ave

City

Montrose

State

CO

Zip Code

81401-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Disabled Marine Corps vet-  
eran/retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.16781

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Billy W. Tucker

Mailing Address 1405 S Mesa Ave

City

Montrose

State

CO

Zip Code

81401-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Disabled Marine Corps vet-  
eran/retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.16782

Amount of Each Receipt this Period

775.00

**C.**

Full Name (Last, First, Middle Initial)

John Volk

Mailing Address 1005 Sir Barton Ct

City

Naperville

State

IL

Zip Code

60540-6825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Educational Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.18871

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arch Wakefield

Mailing Address 3047 Point Clear Dr

City

Tega Cay

State

SC

Zip Code

29708-8542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.18457

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wendell L. Weatherford

Mailing Address 1311 July Dr

City

Austin

State

TX

Zip Code

78753-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.18530

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey J. Weston

Mailing Address 1255 NW 9th Ave Apt 301

City

Portland

State

OR

Zip Code

97209-2887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eleven Wireless

Occupation  
SW Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16826

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search International

Occupation

Executive Search International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.16972

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bernhard Wolf

Mailing Address 513 W 7th St

City

Plainview

State

TX

Zip Code

79072-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.18941

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terrence Lee Zehrer

Mailing Address 2125 1st Ave Apt 2203

City

Seattle

State

WA

Zip Code

98121-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.18603

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

46662.57

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Nolan for US Senate

Mailing Address 15031 S 21st Place

City

Phoenix

State

AZ

Zip Code

85048-9543

FEC ID number of contributing  
federal political committee.**C**

C00484600

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

710.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: SA11C.19481

Amount of Each Receipt this Period

710.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

710.50

TOTAL This Period (last page this line number only) .....

710.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 2500 virginia Ave NW

City

Washington

State

DC

Zip Code

20037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	1

Transaction ID: SA15.19484

Amount of Each Receipt this Period

405.00

Postage Refund

SUBTOTAL of Receipts This Page (optional) .....

405.00

TOTAL This Period (last page this line number only) .....

405.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Pension Administration - P7283  
PO Box 1830

City Galveston State TX Zip Code 77553-1830

Purpose of Disbursement  
LP 401k Annual Management Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19485

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Pension Administration - P7283  
PO Box 1830

City Galveston State TX Zip Code 77553-1830

Purpose of Disbursement  
LP 401k Contributions and Match

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19486

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

1709.60

C.

Full Name (Last, First, Middle Initial)

B & B Duplicators

Mailing Address 818 18th Street NW LL15

City Washington State DC Zip Code 20006-0000

Purpose of Disbursement  
Non Candidate Party Printing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19488

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

424.00

SUBTOTAL of Disbursements This Page (optional) .....

2633.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Robert C. Benedict</p> <p>Mailing Address 2400 Virginia Ave NW Apt C1125</p> <p>City Washington State DC Zip Code 20037-2661</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19489</p> <p>Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1991.47</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Robert C. Benedict</p> <p>Mailing Address 2400 Virginia Ave NW Apt C1125</p> <p>City Washington State DC Zip Code 20037-2661</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19490</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1991.45</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC</p> <p>Mailing Address PO Box 373378</p> <p>City Cleveland State OH Zip Code 44193-3378</p> <p>Purpose of Disbursement Office Rent, Tax, Main &amp; Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19491</p> <p>Date of Disbursement 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 10846.77</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

14829.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Bigeye Direct, Inc.

Mailing Address PO Box 710865

City  
Oak Hill

State  
VA

Zip Code  
20171-0865

Purpose of Disbursement  
Non Candidate Party Printing Mailing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19492

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

9010.55

B.

Full Name (Last, First, Middle Initial)

Bigeye Direct, Inc.

Mailing Address PO Box 710865

City  
Oak Hill

State  
VA

Zip Code  
20171-0865

Purpose of Disbursement  
Non Candidate Party Printing Mailing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19493

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

1574.30

C.

Full Name (Last, First, Middle Initial)

Bigeye Direct, Inc.

Mailing Address PO Box 710865

City  
Oak Hill

State  
VA

Zip Code  
20171-0865

Purpose of Disbursement  
Non Candidate Party Printing Mailing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19494

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

4401.10

SUBTOTAL of Disbursements This Page (optional) .....

14985.95

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Center for Competitive Democracy

Mailing Address PO Box 21090

City Washington State DC Zip Code 20009-1090

Purpose of Disbursement  
LPND v. Jaeger Legal

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19496

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

369.80

**B.** Full Name (Last, First, Middle Initial)  
Comcast

Mailing Address PO Box 3005

City Southeastern State PA Zip Code 19398-3005

Purpose of Disbursement  
Cable and Internet

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19497

Date of Disbursement

04 / 11 / 2011

Amount of Each Disbursement this Period

4.04

**C.** Full Name (Last, First, Middle Initial)  
Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City Sterling State VA Zip Code 20166-6501

Purpose of Disbursement  
Copier Main Agreement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19498

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

342.67

**SUBTOTAL** of Disbursements This Page (optional) .....

716.51

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Craft Agency, Inc.	<b>Transaction ID:</b> SB21B.19500 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1187 2533 Spring Aarbor Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Jackson State MI Zip Code 49204-1187	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Dado Insurance Deposit Candidate Name	<table border="1"> <tr> <td colspan="10">2370.75</td> </tr> </table>	2370.75																			
2370.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Davis	<b>Transaction ID:</b> SB21B.19501 <b>Date of Disbursement</b>																				
Mailing Address 6394 Cherry Tree Ln NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Atlanta State GA Zip Code 30328-3315	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LP News Writing for Non Candidate Mailing Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.19502 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
City Washington State DC Zip Code 20002-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	<table border="1"> <tr> <td colspan="10">5.19</td> </tr> </table>	5.19																			
5.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4375.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19503

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

41.54

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19504

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

312.68

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19505

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

4.47

SUBTOTAL of Disbursements This Page (optional) .....

358.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19506

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

35.76

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19507

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

312.68

C.

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41602

City  
Philadelphia

State  
PA

Zip Code  
19101-1602

Purpose of Disbursement  
Copier Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19508

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

495.12

SUBTOTAL of Disbursements This Page (optional) ►

843.56

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur N. DiBianca

Mailing Address 619 Friar Tuck Ln

City  
Austin

State  
TX

Zip Code  
78704-5609

Purpose of Disbursement  
Administrative Support Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19509

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

1680.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arthur N. DiBianca

Mailing Address 619 Friar Tuck Ln

City  
Austin

State  
TX

Zip Code  
78704-5609

Purpose of Disbursement  
Administrative Support Services

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19510

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

1680.00

C.

Full Name (Last, First, Middle Initial)

Susan M. Dickson

Mailing Address 3410 Vineland Place

City  
Dumfries

State  
VA

Zip Code  
22026-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19511

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1052.21

SUBTOTAL of Disbursements This Page (optional) .....

4412.21

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Susan M. Dickson

Mailing Address 3410 Vineland Place

City  
DumfriesState  
VAZip Code  
22026-0000Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19512

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

1084.59

**B.**

Full Name (Last, First, Middle Initial)

Dominick J. Dunbar

Mailing Address 470 Raven Rd

City  
StaffordState  
VAZip Code  
22554-4006Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

956.29

**C.**

Full Name (Last, First, Middle Initial)

Dominick J. Dunbar

Mailing Address 470 Raven Rd

City  
StaffordState  
VAZip Code  
22554-4006Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

815.38

SUBTOTAL of Disbursements This Page (optional) .....

2856.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Paula Edwards

Mailing Address 1200 G Street, N.W. Suite 800

City  
Washington

State  
DC

Zip Code  
20005-0000

Purpose of Disbursement  
Fec Filing and Amendments for 2011

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19515

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19516

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

17.80

**C.**

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19517

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

1594.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3111.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19518

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

167.68

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19519

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

167.68

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19520

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

716.96

**SUBTOTAL** of Disbursements This Page (optional) .....

1052.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19521

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

485.68

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19522

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

1472.00

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19523

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

155.18

**SUBTOTAL** of Disbursements This Page (optional) .....

2112.86

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19524

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

155.18

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19525

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

663.53

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.19526

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

449.49

**SUBTOTAL** of Disbursements This Page (optional) .....

1268.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address PO Box 4510

City  
Carol Stream

State  
IL

Zip Code  
60197-4510

Purpose of Disbursement  
Postage & Meter Resets

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19528

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

FreedomFest

Mailing Address 3 Cardinal Court #611

City  
Hilton Head Is.

State  
SC

Zip Code  
29926-0000

Purpose of Disbursement  
Outreach Event Booth Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19530

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Great American Leasing

Mailing Address PO Box 660831

City  
Dallas

State  
TX

Zip Code  
75266-0831

Purpose of Disbursement  
Post Meter Lease Agrmt

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19531

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

160.99

SUBTOTAL of Disbursements This Page (optional) .....

1910.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Gura & Possessky, PLLC

Mailing Address 101 N. Columbus St. #405

City  
Alexandria

State  
VA

Zip Code  
22314-0000

Purpose of Disbursement  
LNC v. FEC Legal Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19533

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

5372.01

B.

Full Name (Last, First, Middle Initial)

Casey T. Hansen

Mailing Address 1445 Ogden St. NW  
Apt #212

City  
Washington

State  
DC

Zip Code  
20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19534

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1049.98

C.

Full Name (Last, First, Middle Initial)

Casey T. Hansen

Mailing Address 1445 Ogden St. NW  
Apt #212

City  
Washington

State  
DC

Zip Code  
20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19535

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1049.98

SUBTOTAL of Disbursements This Page (optional) .....

7471.97

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City  
Springfield

State  
VA

Zip Code  
22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19539

Date of Disbursement

04 / 11 / 2011

Amount of Each Disbursement this Period

198.17

B.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City  
Springfield

State  
VA

Zip Code  
22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19540

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

268.91

C.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City  
Springfield

State  
VA

Zip Code  
22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19541

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

258.04

SUBTOTAL of Disbursements This Page (optional) .....

725.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Robert Johnston

Mailing Address PO Box 7742

City  
Essex

State  
MD

Zip Code  
21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19542

Date of Disbursement

04 / 11 / 2011

Amount of Each Disbursement this Period

1390.00

B.

Full Name (Last, First, Middle Initial)

Robert Johnston

Mailing Address PO Box 7742

City  
Essex

State  
MD

Zip Code  
21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19543

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

1400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Kraus

Mailing Address 5375 Duke St Apt 1012

City  
Alexandria

State  
VA

Zip Code  
22304-3018

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19544

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1800.15

SUBTOTAL of Disbursements This Page (optional) .....

4590.15

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Kraus

**Transaction ID:** SB21B.19545

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Mailing Address 5375 Duke St Apt 1012

Amount of Each Disbursement this Period

1502.40
---------

City Alexandria	State VA	Zip Code 22304-3018
--------------------	-------------	------------------------

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

**B.**

Full Name (Last, First, Middle Initial)

LPStuff.com, Inc.

**Transaction ID:** SB21B.19547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	1

Mailing Address 2320 S. Kansas Ave

Amount of Each Disbursement this Period

600.00
--------

City Topeka	State KS	Zip Code 66611-0000
----------------	-------------	------------------------

Purpose of Disbursement

Non Candidate Party Printing Service

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

**C.**

Full Name (Last, First, Middle Initial)

Nigel A. Lyons

**Transaction ID:** SB21B.19548

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Mailing Address 1219 Park Rd NW Apt B

Amount of Each Disbursement this Period

1055.03
---------

City Washington	State DC	Zip Code 20010-2096
--------------------	-------------	------------------------

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

**SUBTOTAL** of Disbursements This Page (optional) .....

3157.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Nigel A. Lyons

Mailing Address 1219 Park Rd NW Apt B

City  
Washington

State  
DC

Zip Code  
20010-2096

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19549

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1055.03

B.

Full Name (Last, First, Middle Initial)

MacBain Printing Co. Inc.

Mailing Address 1301-B Governor Ct.

City  
Abington

State  
MD

Zip Code  
21009-0000

Purpose of Disbursement  
Non Candidate Party Printing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19550

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

3200.00

C.

Full Name (Last, First, Middle Initial)

MacBain Printing Co. Inc.

Mailing Address 1301-B Governor Ct.

City  
Abington

State  
MD

Zip Code  
21009-0000

Purpose of Disbursement  
Non Candidate Party Printing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19551

Date of Disbursement

04 / 11 / 2011

Amount of Each Disbursement this Period

3680.00

SUBTOTAL of Disbursements This Page (optional) .....

7935.03

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

MacBain Printing Co. Inc.

Mailing Address 1301-B Governor Ct.

City  
Abington

State  
MD

Zip Code  
21009-0000

Purpose of Disbursement  
Non Candidate Party Printing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19552

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

6725.00

**B.**

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 890 Mountain Ave

City  
New Providence

State  
NJ

Zip Code  
07974-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19553

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

599.15

**C.**

Full Name (Last, First, Middle Initial)

PAETEC - US LEC Corp.

Mailing Address PO Box 1283

City  
Buffalo

State  
NY

Zip Code  
14240-1283

Purpose of Disbursement  
Phone and Data Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19555

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

1219.59

**SUBTOTAL** of Disbursements This Page (optional) .....

8543.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Stephen W. Palubinsky</p> <hr/> <p>Mailing Address PO box 1208 307 Main St.</p> <hr/> <p>City Convingham State PA Zip Code 18219-1208</p> <hr/> <p>Purpose of Disbursement Employee Net Pay</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19556</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 1</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>174.21</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PayPal Merchant Services</p> <hr/> <p>Mailing Address 2211 N. First St.</p> <hr/> <p>City San Jose State CA Zip Code 95131-0000</p> <hr/> <p>Purpose of Disbursement Credit Card Processing Fee</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19557</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>822.48</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) PNC Visa Card</p> <hr/> <p>Mailing Address P.O. Box 856176</p> <hr/> <p>City Louisville State KY Zip Code 40285-6176</p> <hr/> <p>Purpose of Disbursement PNC Visa Card Payment (See Attached Memos)</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19560</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 1</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>11340.74</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**12337.43**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Amatteroffax.com

Mailing Address 105 Harrison Avenue

City  
Harrison

State  
NJ

Zip Code  
07029-0000

Purpose of Disbursement  
Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.0

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

290.88

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address PO Box 582820 - MD766

City  
Tulsa

State  
OK

Zip Code  
74158-2820

Purpose of Disbursement  
Staff Travel - Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.1

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Americana Hotel

Mailing Address 1400 Jefferson Davis Highway

City  
Arlington

State  
VA

Zip Code  
22202-3230

Purpose of Disbursement  
Staff Travel - Hotel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.2

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

489.51

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T - Mobility	<b>Transaction ID:</b> SB21B.19560.3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Carol Stream State IL Zip Code 60197-6463	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Cell Telephone and Data Services	<table border="1"> <tr> <td>83.50</td> </tr> </table>	83.50																			
83.50																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Promotions, Inc.	<b>Transaction ID:</b> SB21B.19560.4 <b>Date of Disbursement</b>																				
Mailing Address PO box 231 249 N. Kensington Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Glenside State PA Zip Code 19038-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Party Printing Services	<table border="1"> <tr> <td>3230.00</td> </tr> </table>	3230.00																			
3230.00																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Facebook, Inc.	<b>Transaction ID:</b> SB21B.19560.8 <b>Date of Disbursement</b>																				
Mailing Address 1601 S. California Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Palo Alto State CA Zip Code 94304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Facebook Ad	<table border="1"> <tr> <td>479.28</td> </tr> </table>	479.28																			
479.28																					
Candidate Name	<table border="1"> <tr> <td>004</td> </tr> </table> Category/ Type	004																			
004																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

FreedomFest

Mailing Address 3 Cardinal Court #611

City State Zip Code  
Hilton Head Is. SC 29926-0000

Purpose of Disbursement  
Outreach Event Booth Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.10

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Lyris Tech - Sparklist

Mailing Address PO Box 49023

City State Zip Code  
San Jose CA 95161-9023

Purpose of Disbursement  
Email Marketing Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.12

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

2068.65

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

PayPal Merchant Services

Mailing Address 2211 N. First St.

City State Zip Code  
San Jose CA 95131-0000

Purpose of Disbursement  
Service Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.16

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

PMR Assc. Ltd.

Mailing Address 5709 Granby Road

City State Zip Code  
Rockville MD 20855-1420

Purpose of Disbursement  
Computer and Server Repair

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.17

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 2500 virginia Ave NW

City State Zip Code  
Washington DC 20037-0000

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.18

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

23.25

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City State Zip Code  
San Antonio TX 78229-0000

Purpose of Disbursement  
Website Hosting Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19560.19

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

649.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

SoftLayer Technologies, Inc.

Mailing Address 4849 Alpha Road,

City  
Dallas

State  
TX

Zip Code  
75244-0000

Purpose of Disbursement  
Email Server Hosting Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.19560.23

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

574.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36662

City  
Dallas

State  
TX

Zip Code  
75235-0000

Purpose of Disbursement  
Staff Travel-Airfare

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.19560.24

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

533.80

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Staples, Inc

Mailing Address 500 Staples Drive

City  
Framingham

State  
MA

Zip Code  
01702-0000

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.19560.25

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

29.65

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Starwood Hotels, Inc.	<b>Transaction ID:</b> SB21B.19560.26 <b>Date of Disbursement</b>																				
Mailing Address 1015 15th Street, N.W., Suite 35	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Washington State DC Zip Code 20005-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staff Travel - Hotel	<table border="1"> <tr> <td colspan="10">534.44</td> </tr> </table>	534.44																			
534.44																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> SB21B.19605 <b>Date of Disbursement</b>																				
Mailing Address 2500 virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BRM Postage	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) QuickBooks Payroll Service	<b>Transaction ID:</b> SB21B.19606 <b>Date of Disbursement</b>																				
Mailing Address PO Box 30015	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
City Reno State NV Zip Code 89520-3015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Processing Fee	<table border="1"> <tr> <td colspan="10">106.27</td> </tr> </table>	106.27																			
106.27																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1106.27

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19607

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

21.20

B.

Full Name (Last, First, Middle Initial)

Gary Sinawski

Mailing Address 180 Montague St., Apt 25-B

City  
Brooklyn

State  
NY

Zip Code  
11201-3623

Purpose of Disbursement  
LP Legal Expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19608

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Stigler Printing

Mailing Address Box 549 - 204 S. Broadway

City  
Stigler

State  
OK

Zip Code  
74462-0000

Purpose of Disbursement  
LP News Printing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19609

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

2028.40

SUBTOTAL of Disbursements This Page (optional) .....

5049.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Ticketmaster

Mailing Address 1601 Elm St., Ste. 700

City  
Dallas

State  
TX

Zip Code  
75201-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19611

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

482.06

**B.**

Full Name (Last, First, Middle Initial)

Tri-State

Mailing Address PO Box 433  
6900 Faigle Road

City  
Beltsville

State  
MD

Zip Code  
20705-0433

Purpose of Disbursement  
Non Candidate Party Printing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19612

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

3469.20

**C.**

Full Name (Last, First, Middle Initial)

United Healthcare Ins., Inc.

Mailing Address Dept. CH-10151

City  
Palatine

State  
IL

Zip Code  
60055-0151

Purpose of Disbursement  
Employee Health & Dental

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.19613

Date of Disbursement

04 / 22 / 2011

Amount of Each Disbursement this Period

2195.22

**SUBTOTAL** of Disbursements This Page (optional) .....

6146.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644	<b>Transaction ID:</b> SB21B.19614 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 2 / 2 0 1 1</div> </div>
City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement VA - Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>268.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644 City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement VA - Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19615 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>236.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Worldwide Express - DHL Mailing Address PO Box 7624 City Arlington State VA Zip Code 22207-7624 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19618 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>86.05</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**590.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address PO Box 7624

City  
Arlington

State  
VA

Zip Code  
22207-7624

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19619

Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

26.34

SUBTOTAL of Disbursements This Page (optional) .....

26.34

TOTAL This Period (last page this line number only) .....

117995.23